

Wisconsin Nursing Homes and Residents 1997

September 1998

**Center for Health Statistics
Division of Health
Department of Health and Family Services**

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Introduction

This report presents key information about Wisconsin nursing homes and their residents. The information is derived from the 1997 Annual Survey of Nursing Homes, which was conducted by the Wisconsin Division of Health, Center for Health Statistics, in cooperation with the Division's Bureau of Health Care Financing, the Division of Supportive Living, Bureau of Quality Assurance, and the state's nursing home industry. Where appropriate, data from previous surveys are also provided for comparison purposes. *Wisconsin Nursing Homes and Residents, 1997* contains information formerly reported in two separate annual reports, *Wisconsin Nursing Homes* and *Profile of Wisconsin Nursing Home Residents*.

Included in this report are data from 466 facilities licensed to provide nursing home services under state administrative codes HFS-132 and HFS-134. Excluded is information reported by the three State Centers for the Developmentally Disabled, because these facilities serve severely developmentally disabled persons and their staffing requirements are higher than other facilities for the developmentally disabled. Also excluded are data reported by Clearview Sanatorium, Delafield, because this religious facility differs significantly from other nursing homes in the types of care provided, and has been waived from Medicaid regulations. Data on the excluded facilities can be found in the *Wisconsin Nursing Home Directory and Fact Book, 1997*.

Nursing homes in Wisconsin are licensed to accept patients with specific types of health care needs. Skilled nursing homes and intermediate-care facilities (SNFs and ICFs) provide medical care primarily to restore individuals to their rehabilitative potential. Facilities for the Developmentally Disabled (FDDs) treat residents who are developmentally disabled, primarily due to mental retardation or cerebral palsy, while Institutions for Mental Diseases (IMDs) serve residents with psychotic and nonpsychotic mental illness.

Nursing home residents are classified according to the levels of care and types of services they require. Intense skilled nursing (ISN) care is provided to residents who need complex interventions and monitoring by professional nurses with specialized nursing assessment skills. Skilled nursing care is provided by, or under the supervision of, registered nurses and requires skill in assessing, observing and supervising the physical, emotional, social and restorative care needs of a patient. This type of care is provided on a continuous basis under the general direction of a physician.

Intermediate care (ICF-1) is professional, general nursing care needed to maintain the stability of patients with long-term illnesses or disabilities. Limited care (ICF-2) includes simple nursing procedures required to maintain the stability of patients with long-term illnesses or disabilities. Personal care (ICF-3) is limited to assistance, supervision and protection for individuals who need periodic medical services, but not ongoing nursing care. Residential care (ICF-4) is provided to disabled individuals who need social services or activity therapy based on a physician's directive.

Residents of facilities for the developmentally disabled (FDDs) are assigned one of four levels of care, based on their severity of mental retardation, health needs and extent of maladaptive behavior. Residents with fragile health are assigned DD care level 1A, those with behavioral problems are considered DD care level 1B, persons with moderate mental retardation are considered DD care level 2, and those with mild mental retardation are assigned to DD care level 3.

The Center would like to acknowledge and thank the personnel of all Wisconsin nursing homes who provided information about their facility and residents.

Victor Jesudason developed the tables and prepared the initial draft of this report. Kitty Klement, Jane Conner, Lu Ann Hahn and Kim Voss implemented various aspects of the data collection and editing activities.

A copy of the survey instrument used to collect the data presented in this report is included in the Appendix. Copies of this report are available on the Department's web site at http://www.dhfs.state.wi.us/health_chs/index.htm. Suggestions, comments and requests for additional nursing home data may be addressed to:

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Key Findings

- Wisconsin had 466 nursing homes with just over 50,000 licensed beds in 1997. The 466 nursing homes are categorized by the following licensure types: 421 skilled nursing facilities; four intermediate care facilities; 38 facilities for the developmentally disabled; and three institutions for mental disease.
- For all facilities combined, the average daily census decreased by 4 percent between 1991 and 1997.
- From 1996 to 1997, the average daily census and the percent occupancy each decreased by about 2 percent. The total number of staffed beds in Wisconsin nursing homes also decreased slightly.
- In 1997, Wisconsin nursing homes had a statewide average percent occupancy of 89 percent.
- Almost half of the state's nursing homes (46 percent) were owned by proprietary agencies; 38 percent were nonprofit facilities and 16 percent were government-owned.
- Milwaukee County had 69 nursing homes (15 percent of all facilities statewide) and 10,000 licensed beds (20 percent of all Wisconsin nursing home beds) in 1997.
- Since federal legislation enacted in 1987 expanded the availability of Medicare funds for nursing home care, the number of Medicare-certified facilities and beds has increased significantly. By 1997, 86 percent of Wisconsin skilled nursing facilities were Medicare-certified.
- From 1987 to 1997, the percentage of skilled nursing facilities with self-designated special units for residents with Alzheimer's disease increased from 8 percent to 26 percent.
- The average per diem rate in 1996 for Wisconsin nursing home residents was \$112, an increase of 4 percent from 1996.
- On December 31, 1997, 69 percent of Wisconsin nursing home residents had Medicaid as their primary pay source, while 22 percent were private pay.
- Governmental nursing homes had the lowest turnover rates among all nursing staff, while proprietary homes had the highest.
- From 1987 to 1997, the percent of residents who required intense skilled nursing or skilled nursing care upon admission to a nursing home increased from 79 percent to 97 percent.
- Medicare was the primary pay source at the time of admission for 67 percent of Wisconsin nursing home residents admitted in 1997, compared to only 12 percent in 1987.
- Thirty-nine percent of those admitted to a nursing home in 1997 were 75-84 years of age and 34 percent were age 85 or over.
- Most persons admitted to skilled nursing and intermediate care facilities in 1997 were admitted from acute care hospitals (78 percent).

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- Forty-one percent of residents discharged from skilled or intermediate care facilities in 1997 were discharged to private residences.
 - The number of nursing home residents in an age group per 1,000 Wisconsin population in that age group (the nursing home utilization rate) decreased steadily from 1987 to 1997. During this time, the utilization rate for those age 85 years or older decreased by 9 percent.
 - Cardiovascular disease was the most common primary disabling diagnosis for residents 95 years and over (25 percent) and for residents age 85-94 (18 percent).
 - Fifty percent of residents of skilled and intermediate care facilities were 85 years or over.

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Table 1. Selected Measures of Nursing Home Utilization, 1991-1997

Measures of Utilization	1991	1992	1993	1994	1995	1996	1997
Number of Nursing Homes*	462	459	449	459	460	459	466
Licensed Beds	51,069	50,881	50,489	51,605	50,733	50,372	50,228
Beds Set Up and Staffed	50,286	50,075	49,345	50,624	49,937	49,421	49,013
% Beds vacant	1.5	1.6	2.4	1.9	1.6	1.9	2.4
Inpatient Days	17,004,404	16,970,265	16,724,578	17,052,440	16,952,540	16,678,572	16,238,508
% Change	-0.83	-0.20	-1.47	1.96	-0.6	-1.6	-2.6
Average Daily Census	46,607	46,439	45,997	46,719	46,482	45,618	44,594
Percent Occupancy**	91.3	91.6	91.5	90.5	91.6	90.6	88.8
Total Admissions	29,090	30,397	31,499	36,486	38,933	43,860	49,405
Total Discharges & Deaths	29,089	30,122	30,413	36,196	40,098	43,756	50,412
Total Residents—Dec. 31	46,659	46,669	45,697	46,938	45,960	45,200	44,082
Residents Age 65 & Over:							
Number	40,370	41,087	40,332	42,176	41,390	40,631	39,648
Percent	88.8	89.1	89.1	89.9	89.9	89.9	89.9
Rate***	61.09	61.50	59.7	61.7	60.6	59.2	57.5
Residents Age 85 & Over:							
Number	20,313	21,232	20,993	22,076	20,644	21,478	20,892
Percent	44.7	46.0	46.4	47.1	44.9	47.5	47.4
Rate***	267.6	272.1	261.8	264.0	246.9	246.8	235.1
Title 19 residents (in %)	67.9	67.6	68.9	66.9	65.7	68.4	68.7

* Totals include only those facilities responding to the Annual Survey of Nursing Homes. (See Introduction for types of facilities excluded from this report.)

** Percent occupancy equals average daily census divided by licensed beds, multiplied by 100.

*** Rate per 1,000 population.

Notes: Nursing home admissions and discharges reported for 1996 and 1997 are not comparable with those reported in previous years due to changes in the federally-mandated Minimum Data Set (MDS), Version 2.0. Temporary discharges and re-admissions (previously unrecorded) are now included in the total figures.

For comparable data for years prior to 1990, see *Wisconsin Nursing Home Utilization, 1989*.

- From 1996 to 1997, the average daily census and percent occupancy each decreased by about 2 percent. The total number of staffed beds in Wisconsin nursing homes also decreased slightly.
- In 1997, 235 persons per 1,000 age 85 and over (about one of every four persons in this age group) resided in nursing homes.

Table 2. Nursing Home Capacity by License Type, Ownership and Bed Size

Selected Facility Characteristics	Facilities		Licensed Beds		Percent of Beds Not Set Up	Percent Occupancy
	Number	Percent	Number	Percent		
State Total	466	100%	50,228	100%	2.4%	88.8%
License Type						
Skilled Nursing Facilities	421	90	47,526	95	2.4	88.6
Intermediate Care Facilities	4	1	134	<1	1.5	88.1
Facilities for Dev. Disabled	38	8	2,212	4	1.5	93.3
Institutions for Mental Dis.	3	1	356	1	9.6	83.7
Facility Ownership						
Governmental	76	16	9,747	19	1.4	92.2
Nonprofit	175	38	17,837	36	1.6	91.2
Proprietary	215	46	22,644	45	3.5	85.4
Bed Size						
Less than 50 beds	68	15	2,026	4	1.9	85.8
50-99 beds	195	42	14,222	28	1.4	89.9
100-199 beds	154	33	20,310	40	2.9	88.2
200 beds & over	49	11	13,670	27	2.8	89.0

Notes: Nursing home beds that are not set up are licensed, but not available for occupancy.

The percent occupancy is the average percentage of licensed beds occupied during the year and equals the average daily census divided by the number of licensed beds, multiplied by 100 (see Table 1).

- Most of Wisconsin's nursing homes are licensed as skilled nursing facilities (SNFs). In 1997, SNFs accounted for 90 percent of all nursing homes and had 95 percent of the state's licensed beds.
- In 1997, Wisconsin nursing homes had a statewide average percent occupancy of 89 percent. Facilities for the developmentally disabled had the highest average percent occupancy (93 percent), while the three institutions for mental disease had the lowest (84 percent).
- Almost half of all Wisconsin nursing homes (46 percent) were owned by proprietary agencies.
- Fifty-seven percent of the state's nursing homes had fewer than 100 beds.

Nursing Home Characteristics

Table 3. Nursing Home Capacity by County

County of Location	Number of Facilities	Licensed Beds	Beds Set Up	Total Inpatient Days	Residents on 12/31/97	Average Daily Census	Percent Occupancy
State Total	466	50,228	49,013	16,238,508	44,082	44,594	88.8%
Adams	2	126	120	40,361	117	111	88.1
Ashland	3	311	289	91,112	260	249	80.1
Barron	8	542	539	183,190	488	502	92.6
Bayfield	1	80	80	25,951	63	71	88.8
Brown	18	1,637	1,620	536,162	1,471	1,470	89.8
Buffalo	3	197	188	56,441	145	155	78.7
Burnett	2	147	147	51,044	142	140	95.2
Calumet	3	258	250	79,119	214	217	84.1
Chippewa	8	803	797	268,947	734	738	91.9
Clark	5	523	508	167,305	459	458	87.6
Columbia	5	545	545	182,676	501	499	91.6
Crawford	2	169	169	52,194	142	143	84.6
Dane	23	2,267	2,228	729,881	1,979	2,008	88.6
Dodge	11	1,225	1,220	382,673	1,104	1,085	88.6
Door	3	239	239	80,962	216	222	92.9
Douglas	8	696	696	224,154	589	614	88.2
Dunn	4	354	354	117,778	327	323	91.2
Eau Claire	7	767	751	246,500	672	675	88.0
Florence	1	74	74	26,281	72	72	97.3
Fond du Lac	12	1,100	1,062	343,570	933	946	86.0
Forest	2	143	143	49,378	136	135	94.4
Grant	9	659	656	210,448	584	578	87.7
Green	3	334	328	111,477	298	305	91.3
Green Lake	3	240	240	79,701	223	218	90.8
Iowa	3	197	197	63,091	168	174	88.3
Iron	2	106	106	38,484	106	106	100.0
Jackson	2	297	203	68,988	180	189	63.6
Jefferson	8	855	831	272,947	734	751	87.8
Juneau	3	200	200	71,764	198	196	98.0
Kenosha	8	1,038	1,020	339,345	900	930	89.6
Kewaunee	2	154	147	49,238	140	135	87.7
La Crosse	9	1,219	1,206	398,024	1,069	1,091	89.5
Lafayette	1	102	102	34,821	96	95	93.1
Langlade	1	173	172	60,996	170	167	96.5
Lincoln	3	349	340	114,438	307	314	90.0
Manitowoc	9	1,020	1,009	341,216	927	937	91.9

(continued)

Table 3. Nursing Home Capacity by County

County of Location	Number of Facilities	Licensed Beds	Beds Set Up	Total Inpatient Days	Residents on 12/31/97	Average Daily Census	Percent Occupancy
Marathon	6	882	879	306,161	821	839	95.1
Marinette	7	659	658	229,453	628	629	95.4
Marquette	1	64	64	20,604	52	56	87.5
Milwaukee	69	10,006	9,530	3,061,481	8,270	8,391	83.9
Monroe	5	388	388	133,500	353	366	94.3
Oconto	4	322	320	109,236	298	298	92.5
Oneida	4	493	493	171,571	453	469	95.1
Outagamie	11	1,214	1,207	402,157	1,061	1,107	91.2
Ozaukee	4	531	530	181,102	494	496	93.4
Pepin	2	128	123	41,286	111	113	88.3
Pierce	5	345	332	109,985	295	302	87.5
Polk	6	483	482	164,457	428	450	93.2
Portage	2	312	309	104,795	297	287	92.0
Price	2	252	243	82,957	224	227	90.1
Racine	11	1,325	1,279	424,919	1,162	1,199	90.5
Richland	2	160	136	51,508	134	141	88.1
Rock	10	1,257	1,213	386,391	1,034	1,059	84.2
Rusk	2	161	161	55,625	160	153	95.0
St. Croix	9	684	683	218,822	592	599	87.6
Sauk	7	540	529	177,983	482	486	90.0
Sawyer	2	136	136	45,785	129	125	91.9
Shawano	6	540	517	167,721	465	459	85.0
Sheboygan	13	1,388	1,339	432,422	1,196	1,189	85.7
Taylor	3	254	244	78,955	213	216	85.0
Trempealeau	9	622	616	204,821	583	561	90.2
Vernon	4	365	365	128,269	344	352	96.4
Vilas	2	174	174	56,709	149	156	89.7
Walworth	8	730	729	256,036	686	702	96.2
Washburn	2	160	160	56,767	155	156	97.5
Washington	4	781	781	257,636	698	708	90.7
Waukesha	16	2,108	2,071	705,089	1,937	1,932	91.7
Waupaca	13	1,545	1,556	542,610	1,498	1,487	96.2
Waushara	2	162	162	55,660	151	152	93.8
Winnebago	9	1,158	1,085	382,128	1,010	1,047	90.4
Wood	7	753	743	243,250	655	666	88.4

Notes: Average daily census is the number of residents on an average day during the year.

Percent occupancy is the average percent of licensed beds occupied during the year.

- Milwaukee County, with 69 facilities and 10,000 licensed beds, had 15 percent of all nursing homes and 20 percent of all licensed beds in Wisconsin in 1997.

Table 4. Number of Medicaid and Medicare-Certified Nursing Homes and Beds, 1975-1997

Year	Medicaid-Certified Facilities	Medicare-Certified Facilities	Medicare-Certified Beds
1975	481	64	3,066
1980	429	71	3,280
1985	429	145	4,904
1990	451	199	10,896
1991	445	200	11,374
1992	443	223	12,710
1993	437	240	14,132
1994	445	279	17,236
1995	442	309	18,412
1996	441	333	19,761
1997	441	362	20,716

- Almost all nursing homes in Wisconsin were Medicaid-certified in 1997 (441 of 466 facilities, or 95 percent).
- Since federal legislation enacted in 1987 expanded the availability of Medicare funding for nursing home care, the number of Medicare-certified facilities and beds has steadily increased. By 1997, 86 percent of Wisconsin skilled nursing facilities (362 out of 421) and 44 percent of total licensed SNF beds (20,716 out of 47,526) were Medicare-certified. Medicare does not cover care provided in ICFs, FDDs or IMDs.

Table 5. Skilled Nursing Facilities with Special Units for Residents with Alzheimer's Disease, 1987-1997

Year	Number of Facilities	Percent of Facilities	Number of Beds	Total Residents with Alzheimer's
1987	31	8%	1,230	2,786
1988	34	9	1,325	2,794
1989	45	11	1,759	3,237
1990	49	12	1,838	3,745
1991	66	17	2,305	3,394
1992	71	18	2,477	4,654
1993	75	17	2,678	4,782
1994	86	21	3,009	4,914
1995	91	22	3,123	5,004
1996	108	26	3,607	4,686
1997	111	26	3,590	4,336

Note: Alzheimer's units are appropriate only for skilled nursing facilities.

- From 1987 to 1997, the percentage of skilled nursing facilities with self-designated special units for residents with Alzheimer's disease increased from 8 percent to 26 percent. The number of beds in these special units nearly tripled during this time.
- Despite annual increases in the number of beds available to Alzheimer's patients, these special units had the capacity to serve only 83 percent of all nursing home residents with Alzheimer's disease in 1997.
- Nursing homes with 200 or more beds were more likely than smaller facilities to have units for residents with Alzheimer's disease.
- In 1997, governmental facilities (30 percent) were more likely to have Alzheimer's units than non-profit (19 percent) and proprietary (26 percent) nursing homes.

Table 6. Specialized Capacity of Skilled Nursing Facilities by County

County of Location	Medicare-Certified	Medicare Beds	Alzheimer's Units	Alzheimer's Beds
State Total	362	20,716	111	3,590
Adams	1	14	0	0
Ashland	2	72	1	49
Barron	1	97	2	43
Bayfield	1	80	0	0
Brown	13	393	4	118
Buffalo	3	197	1	22
Burnett	2	68	0	0
Calumet	3	43	0	0
Chippewa	5	253	2	120
Clark	4	250	3	80
Columbia	5	235	3	66
Crawford	2	72	0	0
Dane	19	972	8	176
Dodge	9	711	1	48
Door	3	120	1	44
Douglas	4	320	1	30
Dunn	2	121	1	17
Eau Claire	7	388	2	34
Florence	1	26	0	0
Fond du Lac	8	272	4	115
Forest	2	107	2	39
Grant	8	374	2	26
Green	2	162	2	43
Green Lake	3	115	1	12
Iowa	3	166	1	10
Iron	1	17	0	0
Jackson	2	75	1	28
Jefferson	4	164	0	0
Juneau	3	200	1	12
Kenosha	8	439	0	0
Kewaunee	2	64	1	12
La Crosse	7	657	2	92
Lafayette	1	102	1	14
Langlade	1	34	0	0
Lincoln	3	216	0	0
Manitowoc	6	155	3	125

(continued)

Table 6. Specialized Capacity of Skilled Nursing Facilities by County

County of Location	Medicare-Certified	Medicare Beds	Alzheimer's Units	Alzheimer's Beds
Marathon	6	373	1	28
Marinette	6	274	2	36
Marquette	1	64	0	0
Milwaukee	60	4,009	20	842
Monroe	3	186	1	34
Oconto	3	205	1	16
Oneida	2	81	2	56
Outagamie	10	668	3	93
Ozaukee	4	345	1	36
Pepin	2	74	0	0
Pierce	5	231	1	20
Polk	3	45	0	0
Portage	2	70	0	0
Price	2	97	1	30
Racine	7	464	3	188
Richland	1	27	1	12
Rock	7	473	3	123
Rusk	2	108	0	0
St. Croix	9	584	1	10
Sauk	4	318	1	16
Sawyer	2	58	0	0
Shawano	4	86	2	27
Sheboygan	8	384	2	60
Taylor	1	16	0	0
Trempealeau	5	304	1	24
Vernon	4	365	0	0
Vilas	1	77	0	0
Walworth	7	315	1	67
Washburn	1	70	0	0
Washington	4	589	1	96
Waukesha	13	1,071	3	149
Waupaca	9	424	3	80
Waushara	2	88	0	0
Winnebago	6	190	3	79
Wood	5	262	2	93

- Milwaukee County had 4,009 Medicare-certified nursing home beds (19 percent of the state total) and 842 beds in Alzheimer's units (23 percent of the state total) in 1997.

Table 7. Average Per Diem Rates by Care Level and Pay Source

Level of Care	Average Per Diem Rate (\$)					All Sources
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
Intense Skilled Nursing	\$250	\$109	\$148	\$437*	\$141*	\$141
Skilled Nursing Care	250	92	124	271	118	114
Intermediate Care	NA	78	114	---	94*	87
Limited Care	NA	80	104	---	151*	91
Personal Care	NA	67*	87	---	---	83
Residential Care	NA	86*	69*	---	---	71*
Developmental Disabilities (DD1A)	NA	134	120*	---	---	134
Developmental Disabilities (DD1B)	NA	133	162*	---	135*	133
Developmental Disabilities (DD2)	NA	118	136*	---	119*	118
Developmental Disabilities (DD3)	NA	95	61	---	---	88
Traumatic Brain Injury	---	477*	695*	---	---	489*
Ventilator-Dependent	311*	325*	300*	---	---	321*
All Levels	\$250	\$93	\$123	\$294	\$118	\$112

Notes: Rates shown in this table are average daily rates for each pay source and level of care category weighted by the number of residents receiving care at a particular rate.

Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing care, traumatic brain injury and ventilator-dependent care.

A “*” indicates that the per diem rate for that category was calculated based on rates for less than 30 residents, and the rates for those few residents may not be representative of typical rates. The symbol “---” indicates that there were no residents in that category.

The category “Other Sources” includes mostly residents whose primary pay source was the Department of Veterans Affairs.

See Technical Notes for definitions of all level of care categories shown in this table.

- The average per diem rate for the care received by Wisconsin nursing home residents was \$112 in 1997. This rate represented a 4 percent increase over the 1996 per diem rate of \$108, and a 65 percent increase over the 1990 rate of \$68.
- Managed care plans (\$271) and Medicare (\$250) paid the highest per diem rates for skilled nursing care.
- Medicaid per diem rates for intense skilled nursing and skilled nursing care were the lowest among all pay sources.

Table 8. Number of Nursing Homes Providing Selected Services to Non-Residents, 1985, 1990, 1995, 1996 and 1997

	1985	1990	1995	1996	1997
Home Health Care	10	8	9	11	15
Supportive Home Care					
Personal Care	6	7	14	15	12
Household Services	--	8	13	12	13
Day Services	7	9	23	23	22
In community setting	1	0	4	5	5
In nursing home setting	7	9	21	18	17
Respite Care	45	66	120	135	139
In home setting	4	6	6	3	3
In nursing home setting	41	61	116	134	139
Adult Day Care	77	79	88	78	80
In community setting	5	7	7	10	11
In nursing home setting	72	72	82	69	71
Adult Day Health Care	--	2	10	12	13
Congregate Meals	28	38	47	53	50
In community setting	20	29	33	38	38
In nursing home setting	9	14	18	17	14
Home-Delivered Meals	67	66	62	67	66
Other Meal Services	22	29	36	36	42
Referral Service	60	37	36	45	39
Transportation	19	24	28	27	30

Notes: Services listed in this table are defined in the Technical Notes.
Nursing homes may offer specific services in more than one setting.
A "--" indicates information not separately reported in 1985.

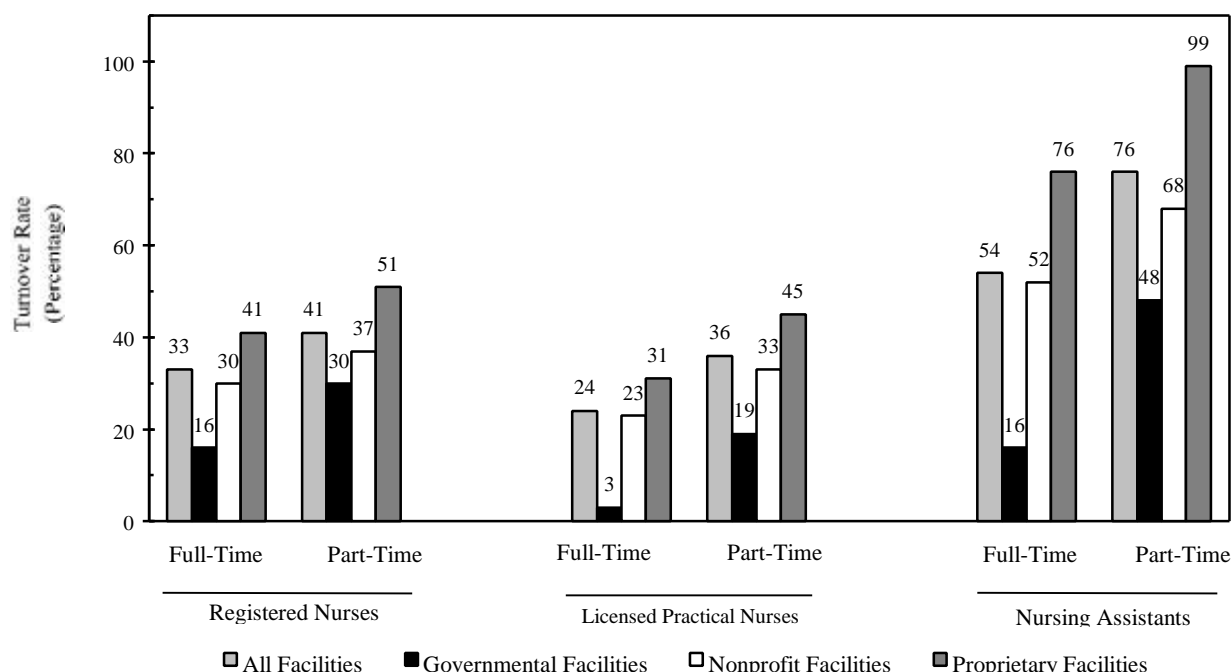
- Respite care, adult day care and home-delivered meals were the services most often provided by nursing homes to non-residents.
- While the number of nursing homes providing services to non-residents has increased, only a small percentage provide these services outside the nursing home in a community setting.

Table 9. Nursing Home Employees

Employee Category	Full-Time Equivalent Employees (FTEs)	FTEs per 100 Residents
Nursing Services		
Registered Nurses	5,022.3	11.4
Licensed Practical Nurses	3,379.7	7.7
Nursing Assistants/Aides	17,672.7	40.1
Certified Medication Aides	182.6	0.4
Therapeutic Services		
Physicians & Psychiatrists	12.7	<0.1
Psychologists	15.4	<0.1
Dentists	1.0	<0.1
Activity Directors & Staff	1,351.45	3.1
Physical Therapists & Assistants	666.5	1.5
Occupational Therapists & Assistants	495.9	1.1
Recreational Therapists	144.8	0.3
Restorative Speech Therapists	132.4	0.3
Qualified Mental Retardation Specialists	97.7	0.2
Other Services		
Dietitians & Food Workers	5,106.2	11.6
Social Workers	770.2	1.7
Medical Records Staff	497.0	1.1
Administrators	503.3	1.1
Pharmacists	58.2	0.1
Other Health Prof. & Technical Personnel	1,111.5	2.5
Other Non-Health Professionals & Non-Technical Personnel	6,445.1	14.6
Statewide Total	43,670.7	99.1

- Nursing assistants were by far the largest category of full-time equivalent nursing home employees statewide, with 40 FTEs per 100 residents.
- The number of FTEs per 100 nursing home residents remained almost unchanged from 1996 to 1997 (98.6 versus 99.1).

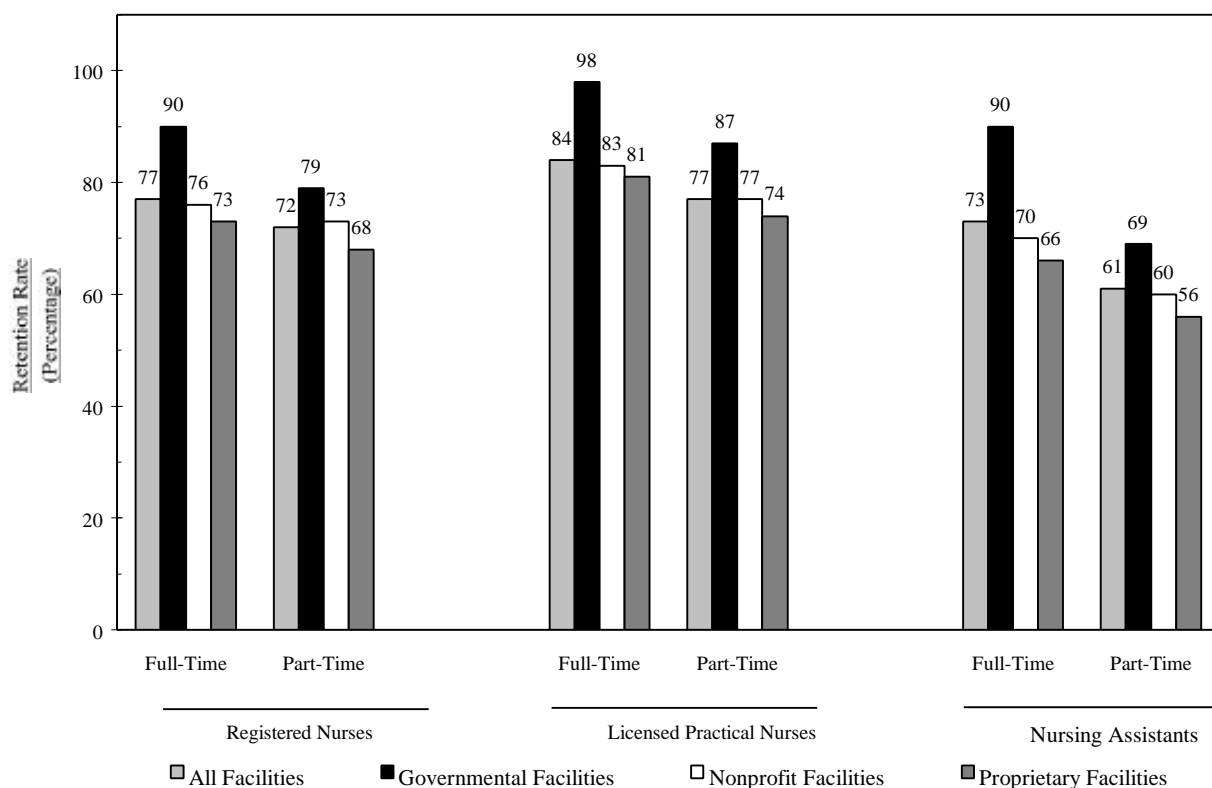
Figure 1. Nursing Staff Turnover Rate by Facility Ownership



Note: The turnover rate is the number of employees in a given category hired during the year, calculated as a percentage of all employees in that category. The smaller the percentage, the lower the turnover rate and the greater the continuity of employment.

- Statewide, licensed practical nurses had the lowest nursing staff turnover rate during 1997 (24 percent for full-time and 36 percent for part-time LPNs), while nursing assistants had the highest (54 percent for full-time and 76 percent for part-time NAs). These percentages were similar to those reported for 1996.
- By facility ownership, governmental homes had the lowest turnover rate among all nursing staff, while proprietary homes had by far the highest.

Figure 2. Nursing Staff Retention Rate by Facility Ownership



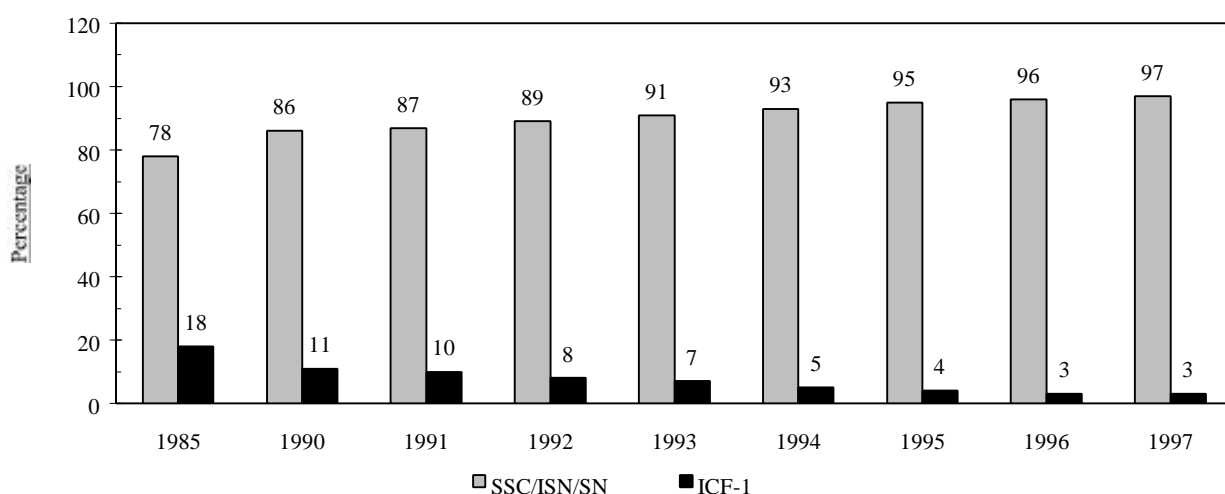
Note: The retention rate equals the percentage of employees who have worked at a facility for more than one year. This measure captures a sense of the stability of a nursing home's staff.

- Retention rates for full-time nursing staff were higher than those for part-time nursing staff for all three types of facilities in 1997.
- Governmental facilities had the highest retention rates for each nursing staff category, while proprietary facilities had the lowest.

Table 10. Level of Care for Nursing Home Residents at Time of Admission, 1985-1997

Year	Level of Care at Admission									Total
	SSC/ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	DD	TBI	Vent-Dep.	
1985	250	21,644	4,984	844	265	110	---	---	---	28,097
1986	133	23,051	5,276	820	236	128	---	---	---	29,644
1987	128	22,496	5,087	583	184	136	---	---	---	28,614
1988	216	22,454	5,094	596	159	31	---	---	---	28,550
1989	417	24,091	3,968	491	111	24	1,151	---	---	30,253
1990	404	23,111	2,924	313	58	21	379	---	---	27,210
1991	478	25,044	2,919	255	48	18	432	---	---	29,194
1992	504	26,757	2,571	188	35	11	479	---	---	30,545
1993	566	27,902	2,120	165	32	6	385	---	---	31,176
1994	590	33,391	1,982	154	26	6	321	---	---	36,470
1995	692	36,792	1,565	79	14	5	277	---	---	39,424
1996	3,801	38,235	1,252	85	12	3	312	24	12	43,736
1997	4,790	42,634	1,249	57	17	0	264	30	26	49,067

Note: DD (Developmental Disabilities) became a separate level of care in 1989, and TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1996. Totals for each year do not include residents whose primary level of care at admission was not reported. See Technical Notes for definitions of all level of care categories shown in this table.

Figure 3. Level of Care at Admission, 1985-1997


Note: SSC, or Supplemental Skilled Care, was a separate level of care category in 1985. ISN refers to Intense Skilled Nursing Care, SN refers to Skilled Nursing, and ICF-1 refers to Intermediate Care.

- From 1987 to 1997, the percent of residents who required intense skilled nursing or skilled nursing care upon admission to a nursing home increased from 79 percent to 97 percent.

Admissions and Discharges

Table 11. Primary Pay Source at Admission for Nursing Home Residents, 1985-1997

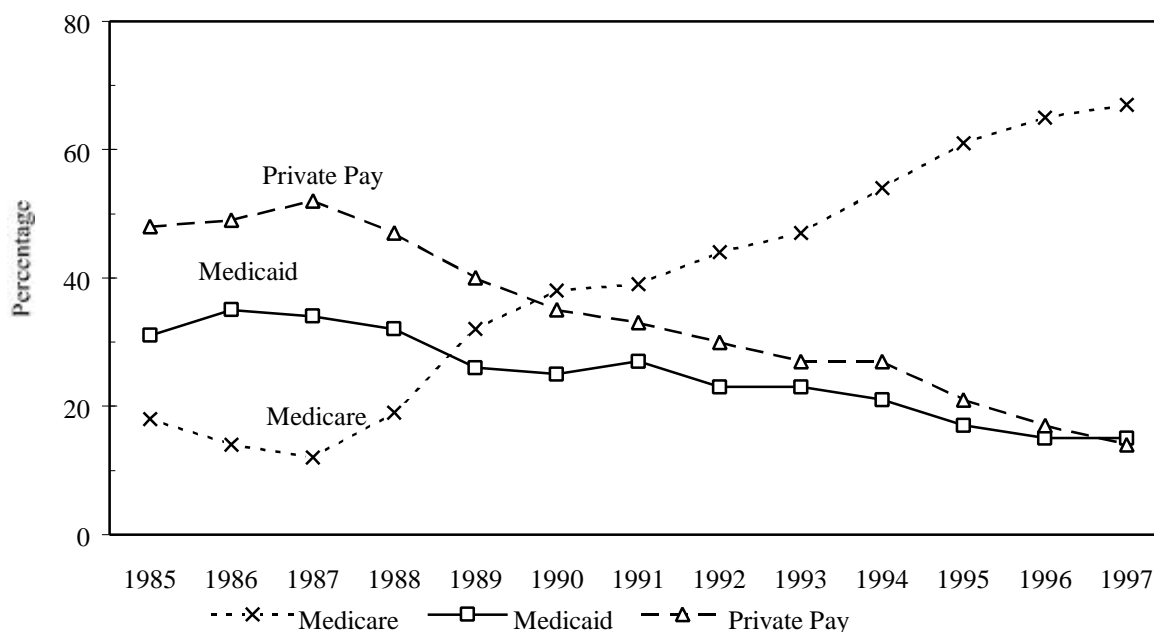
Year	Primary Pay Source at Admission					Total
	Medicare	Medicaid	Other Source	Private Pay	Managed Care	
1985	4,953	8,878	766	13,589	---	28,186
1986	4,007	10,222	789	14,312	---	29,330
1987	3,392	9,539	684	14,834	---	28,449
1988	5,525	9,285	638	13,540	---	28,988
1989	9,197	7,664	433	11,724	---	29,018
1990	10,280	6,993	654	9,406	---	27,333
1991	11,258	7,426	473	9,587	---	28,744
1992	13,329	7,046	777	8,914	---	30,066
1993	14,743	6,912	679	8,457	---	30,791
1994	19,863	7,504	846	8,257	---	36,470
1995	24,250	6,280	479	8,138	---	39,147
1996	28,283	6,538	748	7,442	725	43,736
1997	33,115	7,207	910	6,915	1,165	49,312

Notes: The category "Other Source" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

Managed care plans were not included as a separate pay source until 1996.

Totals for each year do not include residents whose primary pay source at admission was not reported.

Figure 4. Primary Pay Source at Admission, 1985-1997



- Medicare was the primary pay source at the time of admission for 67 percent of Wisconsin nursing home residents admitted in 1997, compared to only 12 percent in 1987. Private pay as a primary pay source decreased from 52 percent of new admissions in 1987 to 14 percent in 1997, while Medicaid declined from 34 percent to 15 percent.

Table 12. Primary Pay Source at Admission by Level of Care

Level of Care At Admission	Pay Source at Admission					Total
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
Intense Skilled Nursing	3,661	434	183	457	55	4,790
Skilled Nursing Care	29,438	5,953	6,005	702	781	42,879
Intermediate Care	NA	545	652	3	49	1,249
Limited Care	NA	18	33	0	6	57
Personal Care	NA	NA	17	0	---	17
Residential Care	NA	NA	---	---	---	---
Developmental Disabilities (DD1A)	NA	80	3	---	8	91
Developmental Disabilities (DD1B)	NA	86	13	---	1	100
Developmental Disabilities (DD2)	NA	46	6	1	10	63
Developmental Disabilities (DD3)	NA	8	2	---	---	10
Traumatic Brain Injury	---	29	1	---	---	30
Ventilator-Dependent	16	8	---	2	---	26
Total	33,115	7,207	6,915	1,165	910	49,405
Percent of All Residents	67	15	14	2	2	100

Notes: Total includes 93 residents for whom primary pay source was not reported.
Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing care, traumatic brain injury and ventilator-dependent care.
The category “Other Sources” includes mostly residents whose primary pay source was the Department of Veterans Affairs.
“---” indicates that there were no residents in that category.
Percentages do not add to 100 percent due to rounding and are based on a total of 49,312 residents for whom primary pay source was reported.
See Technical Notes for definitions of all level of care categories shown in this table.

- Of those persons who were admitted to a Wisconsin nursing home in 1997, 87 percent initially received skilled nursing care and 67 percent had Medicare as their primary pay source.
- Sixty-nine percent of those admitted at the skilled nursing care level had Medicare as their primary pay source and 14 percent were private pay.
- Two percent of all persons admitted in 1997 were covered by managed care plans.

Table 13. Resident Age and Level of Care at Admission

Level of Care At Admission	Age at Admission							Total
	<20	20-54	55-64	65-74	75-84	85-94	95+	
Intense Skilled Nursing Care	7	303	360	1,090	1,413	807	62	4,042
Skilled Nursing Care	10	1,686	1,946	7,145	17,138	13,448	1,595	42,968
Intermediate Care	2	91	58	163	428	441	66	1,249
Limited Care	0	8	3	5	19	19	3	57
Personal Care	0	1	0	6	2	7	1	17
Residential Care	0	0	0	0	0	0	0	0
Developmental Disabilities (DD1A)	25	47	9	8	1	1	0	91
Developmental Disabilities (DD1B)	9	84	4	2	1	0	0	100
Developmental Disabilities (DD2)	4	47	8	2	2	0	0	63
Developmental Disabilities (DD3)	0	8	0	1	1	0	0	10
Traumatic Brain Injury	3	26	1	0	0	0	0	30
Ventilator-Dependent	1	5	0	10	6	4	0	26
Total, All Levels	61	2,306	2,389	8,432	19,011	14,727	1,727	49,405
Percent of All Residents	<1	5	5	17	39	30	4	100

Notes: Total includes 752 residents for whom level of care and/or age was not reported.

Percentages do not add to 100 percent due to rounding.

See Technical Notes for definitions of all level of care categories shown in this table.

- Most persons admitted to Wisconsin nursing homes in 1997 were age 75 and older: 39 percent were age 75-84 and 34 percent were age 85 and older. Only about 10 percent of persons admitted were under 65 years of age.

Table 14. Care Location of Nursing Home Residents Prior to Admission in 1997

Care Location	Nursing Home License Type						Total	
	SNFs/ICFs		FDDs		IMDs			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Private home/apt. with no home health services	4,283	9%	90	34%	4	3%	4,377	9%
Private home/apt. with home health services	1,614	3	20	8	0	0	1,634	3
Board and care/ assisted living/ group home	1,199	2	36	14	1	1	1,236	3
Nursing home	2,652	5	22	8	7	5	2,681	5
Acute care hospital	38,202	78	31	12	38	27	38,271	77
Psychiatric hospital, MR/DD facility	391	1	55	21	84	59	530	1
Rehabilitation hospital	331	1	1	0	0	0	332	1
Other	328	1	7	3	9	6	344	1
Total	49,000	100%	262	100%	143	100%	49,405	100%

Notes: Percentages may not add to 100 percent due to rounding.

- Most persons admitted to skilled nursing and intermediate care facilities in 1997 were admitted directly from acute care hospitals (78 percent); 9 percent were admitted from private residences and were not receiving home health agency services prior to admission.
- Thirty-four percent of those admitted to facilities for the developmentally disabled (FDDs) came from private residences where they received no home health agency services.

Table 15. Discharge Status or Care Destination of Nursing Home Residents Discharged in 1997

Discharge Status/ Care Location	Nursing Home License Type						Total	
	SNFs/ICFs		FDDs		IMDs			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Private home/apt. with no home health services	10,807	22%	68	20%	22	15%	10,897	22%
Private home/apt. with home health services	9,416	19	16	5	6	4	9,438	19
Board and care/ assisted living/ group home	2,367	5	118	34	53	35	2,538	5
Nursing home	3,211	6	24	7	18	12	3,253	6
Acute care hospital	7,511	15	21	6	2	1	7,534	15
Psychiatric hospital, MR/DD facility	242	<1	30	9	20	13	292	1
Rehabilitation hospital	228	<1	1	<1	0	0	229	<1
Other	358	1	15	4	8	5	381	1
Deceased	15,777	32	52	15	21	14	15,850	31
Total	49,917	100%	345	100%	150	100%	50,412	100%

Note: Percentages may not add to 100 percent due to rounding.

- Among those residents discharged from skilled care or intermediate care facilities (SNFs/ICFs) in 1997, 22 percent were discharged to private residences and were not receiving home health agency services, while an additional 19 percent were discharged to private residences and were receiving home health services.
- Thirty-four percent of residents who were discharged from facilities for the developmentally disabled (FDDs) and 35 percent of those discharged from institutions for mental diseases (IMDs) were discharged to assisted living or group homes.

Table 16. Nursing Home Utilization Rates, 1985-1997

Year	Age-Specific Rates per 1,000 Population					65+	85+
	55-64	65-74	75-84	85-94	95+		
1985	6	19	78	289	588	68	312
1986	6	19	78	275	571	68	298
1987	6	18	76	240	529	65	263
1988	6	17	70	250	577	63	276
1989	5	17	70	251	591	64	278
1990	5	16	69	253	585	64	280
1991	5	15	65	245	484	61	268
1992	5	15	64	249	495	62	273
1993	5	14	61	236	537	60	261
1994	5	15	62	238	556	62	264
1995	5	15	64	227	470	61	247
1996	4	14	59	222	520	59	247
1997	4	13	57	211	505	58	235

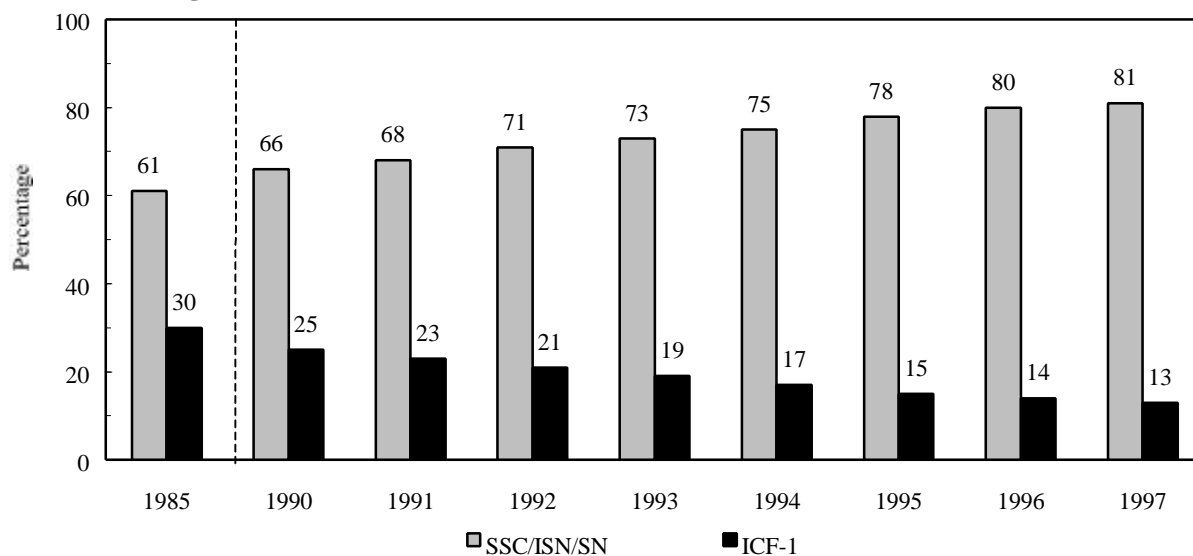
Notes: Age-specific utilization rates are defined as the number of nursing home residents in an age group per 1,000 Wisconsin population in that age group on December 31 of each year shown.
The rates per 1,000 population for those age 65 and over and 85 and over are used as a general indicator of nursing home use.

- Wisconsin nursing home utilization rates for 1997 were consistently lower than those for 1985 among all age groups.
- From 1987 to 1997, the Wisconsin nursing home utilization rate for all residents age 65 and over decreased by 11 percent, from 65 per 1,000 population to 58 per 1,000. During this time, the utilization rate for those age 85 and older also declined by 11 percent.
- In 1997, over one-fifth of Wisconsin residents age 85-94 and over half of those age 95 and older resided in a nursing home.

Table 17. Level of Care for Nursing Home Residents on December 31, 1985-1997

Year	Level of Care									Total
	ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	DD	TBI	Vent-Dep.	
1985	496	28,986	14,432	2,973	1,360	478	---	---	---	48,725
1986	334	29,764	14,466	2,856	1,264	501	---	---	---	49,185
1987	304	28,644	15,904	2,365	814	311	---	---	---	48,342
1988	589	27,269	13,305	2,023	554	235	---	---	---	43,975
1989	940	28,697	12,673	1,669	439	166	2,217	---	---	46,801
1990	1,072	29,723	11,825	1,296	340	114	2,166	---	---	46,536
1991	1,062	28,462	9,983	865	183	50	2,940	---	---	43,545
1992	1,185	31,487	9,461	733	166	44	2,977	---	---	46,053
1993	1,172	31,753	8,785	619	127	29	2,858	---	---	45,343
1994	1,088	34,401	8,128	459	97	112	2,760	---	---	47,045
1995	1,053	34,908	7,043	360	55	18	2,486	---	---	45,923
1996	1,621	34,441	6,461	268	47	14	2,309	11	14	45,186
1997	1,562	34,085	5,882	242	41	11	2,223	19	17	44,082

Note: DD (Developmental Disabilities) became a separate level of care in 1989, while TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1996. Totals for each year do not include residents whose level of care was not reported.

Figure 5. Level of Care on December 31, 1985-1997

Note: SSC, or Supplemental Skilled Care, was a separate level of care category in 1985. ISN refers to Intense Skilled Nursing Care, SN refers to Skilled Nursing, and ICF-1 refers to Intermediate Care.

- The percent of residents who received intense skilled nursing or skilled nursing care on the last day of each year shown increased from 61 percent in 1985 to 81 percent in 1997.
- Ninety-seven percent of residents received ISN or skilled nursing care at their time of admission in 1997, compared to 81 percent on December 31. This percentage change indicates that the medical condition of some residents improved while in the nursing home, making them eligible for a lower level of care.

Table 18. Primary Pay Source by Level of Care, December 31, 1997

Level of Care	Primary Pay Source: December 31, 1997					Total
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
Intense Skilled Nursing	223	1,036	252	25	26	1,562
Skilled Nursing Care	3,016	22,422	7,980	155	471	34,085
Intermediate Care	NA	4,479	1,368	---	29	5,882
Limited Care	NA	132	108	---	2	242
Personal Care	NA	7	34	---	---	41
Residential Care	NA	1	10	---	---	11
Developmental Disabilities (DD1A)	NA	561	3	---	---	564
Developmental Disabilities (DD1B)	NA	625	3	---	1	629
Developmental Disabilities (DD2)	NA	854	15	---	1	870
Developmental Disabilities (DD3)	NA	130	30	---	---	160
Traumatic Brain Injury	---	18	1	---	---	19
Ventilator-Dependent	3	13	1	---	---	17
Total, All Levels	3,242	30,278	9,805	180	530	44,082
Percent of All Residents	7	69	22	<1	1	100

Notes: Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing care, traumatic brain injury and ventilator-dependent care.

“---” indicates that there were no residents in that category.

The category “Other Sources” includes mostly residents whose primary pay source was the Department of Veterans Affairs.

Total includes 47 residents for whom level of care was not reported.

See Technical Notes for definitions of all level of care categories shown in this table.

- On December 31, 1997, 69 percent of Wisconsin nursing home residents had Medicaid as their primary pay source, while 22 percent of residents were private pay. On this same date in 1996, Medicaid was the primary pay source of 68 percent of nursing home residents.
- Most Wisconsin nursing home residents (77 percent) were receiving skilled nursing care on December 31, 1997.

Table 19. Percent of Nursing Home Residents by Age Group by Primary Disabling Diagnosis: December 31, 1997

Primary Disabling Diagnosis	Age Group						Total
	<55	55-64	65-74	75-84	85-94	95+	
Mental Retardation	45%	19%	6%	2%	0%	0%	5%
Cerebral Palsy	1	2	1	0	0	0	0
Epilepsy	0	0	0	0	0	0	0
Autism	1	0	0	0	0	0	0
Multiple Developmental Disabilities	3	1	0	0	0	0	0
Other Developmental Disabilities	1	1	0	0	0	0	0
Subtotal of Developmental Disabilities	51	24	8	2	0	0	6
Alzheimer's Disease	0	3	8	12	11	8	10
Other Organic/Psychotic	2	6	10	14	16	16	14
Organic/Non-Psychotic	1	2	2	2	3	4	3
Non-Organic/Psychotic	11	13	10	5	3	3	5
Non-Organic/Non-Psychotic	2	2	2	2	2	2	2
Other Mental Disorders	0	0	0	0	0	0	0
Subtotal of Mental Disorders	16	26	33	37	36	32	34
Paraplegic	1	1	1	0	0	0	0
Quadriplegic	2	1	0	0	0	0	0
Hemiplegic	1	2	2	1	1	0	1
Subtotal of Physical Disabilities	4	4	3	2	1	0	2
Cancer	1	3	3	3	2	2	2
Fractures	1	2	4	5	7	8	6
Cardiovascular	2	4	10	13	18	25	15
Cerebrovascular	3	10	12	12	10	8	10
Diabetes	1	4	5	5	3	2	4
Respiratory	1	3	5	5	4	3	4
Alcohol & Other Drug Abuse	1	1	1	0	0	0	0
Other Medical Conditions	19	20	17	17	17	19	18
Subtotal of Medical Conditions	28	46	56	59	62	67	58
Total	100%	100%	100%	100%	100%	100%	100%
Number of Residents	2,666	1,835	4,831	13,876	17,193	3,681	44,082

Notes: Percentages are calculated separately for each age group and may not add to 100 percent due to rounding.

- Over 25 percent of nursing home residents in each group aged 55 and older had a primary diagnosis of mental disease or disorder. Alzheimer's disease was the primary diagnosis for 10 percent of all residents.
- Cardiovascular disease was the primary disabling diagnosis for 18 percent of residents aged 85-94 and 25 percent of residents aged 95 and older.

Table 20. Length of Stay of Nursing Home Residents by License Type, December 31, 1997

Length of Stay	License Type							
	SNFs/ICFs		FDDs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 1 year	13,606	33%	147	7%	81	28%	13,834	31%
1-2 years	7,438	18	117	6	90	31	7,645	17
2-3 years	5,501	13	97	5	18	6	5,616	13
3-4 years	3,960	9	91	4	11	4	4,062	9
4-5 years	2,821	7	89	4	11	4	2,921	7
5 or more years	8,426	20	1,499	73	79	27	10,004	23
Total	41,752	100	2,040	100	290	100	44,082	100

Note: Percentages may not add to 100 percent due to rounding.

- Thirty-three percent of residents of SNFs and ICFs and 28 percent of residents of IMDs had short nursing home stays of less than one year in 1997. Residents of FDDs were likely to have stays of five or more years (73 percent).

Table 21. Age of Nursing Home Residents by License Type, December 31, 1997

Age of Resident	License Type							
	SNFs/ICFs		FDDs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 20 years	10	<1%	49	2%	0	0%	59	<1%
20-54 years	1,286	3	1,193	58	129	44	2,608	6
55-64 years	1,443	3	349	17	42	14	1,834	4
65-74 years	4,506	11	261	13	61	21	4,828	11
75-84 years	13,674	33	152	7	35	12	13,861	31
85-94 years	17,144	41	35	2	19	7	17,198	39
95 years & over	3,689	9	1	<1	4	1	3,694	8
All ages	41,752	100	2,040	100	290	100	44,082	100

Note: Percentages may not add to 100 percent due to rounding.

- Residents of SNFs and ICFs are likely to be much older than residents of FDDs and IMDs:
50 percent of residents of SNFs and ICFs were 85 years or older, compared to 2 percent of FDD residents and 8 percent of IMD residents.

Table 22. Selected Court-Ordered Conditions of Nursing Home Residents, December 31, 1997

License Type	Placed Under Chapter 51		With Court Appointed Guardian		Protectively Placed		With Activated Power of Attorney	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
SNFs/ICFs	392	1%	8,671	21%	7,511	18%	11,319	27%
FDDs	509	25	1,942	95	1,601	78	100	5
IMDs	61	21	204	70	201	69	0	0
Total	962	2	10,817	25	9,313	21	11,419	26

- Twenty-five percent of FDD residents were placed under Chapter 51 of Wisconsin Statutes (the Mental Health Act of 1971) to receive integrated treatment and rehabilitative services.
- Ninety-five percent of FDD residents and 70 percent of IMD residents had a guardian appointed by the court under Chapter 880, Wisconsin Statutes. A guardian is appointed to make health care decisions after a court determines that a person is incompetent to do so.
- Seventy-eight percent of FDD residents and 69 percent of IMD residents were protectively placed under Chapter 55 of Wisconsin Statutes (the Protective Services Act).
- An activated power of attorney for health care takes effect when two physicians (or one physician and one licensed psychologist) personally examine a person and sign a statement specifying that the person has incapacity to receive and evaluate health care information or to effectively manage health care decisions. Twenty-seven percent of SNF/ICF residents were reported to have an activated power of attorney for health care.

Table 23. Residents With Medical Assistance as Primary Pay Source on December 31, 1997 by Eligibility Date for Medical Assistance

Eligibility Date for Medical Assistance	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
At time of admission	4,751	53%	9,311	44%	14,115	47%
1-30 days after admission	639	7	1,620	8	2,266	8
31 days–1 year after admission	1,776	20	4,737	23	6,533	22
More than 1 year after admission	1,096	12	3,604	17	4,714	16
Unknown	776	9	1,695	8	2,480	8
Total	9,038	100	20,967	100	30,105	100

Note: One nursing home failed to provide any data for this table. Eligibility date and sex were also unknown for 173 residents of facilities that did provide data.

- Fifty-three percent of male residents were eligible for Medical Assistance at the time of admission to a nursing home, compared to 44 percent of female residents.

Definitions for Levels of Care (Tables 10, 12, 13, 17, and 18)

ISN - Intense Skilled Nursing: Care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

SN - Skilled Nursing: Continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

ICF-1, Intermediate Care: Professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illnesses or disabilities. A registered nurse shall be responsible for nursing administration and direction.

ICF-2, Limited Care: Simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by, or under the supervision of, a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

ICF-3, Personal Care: Personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

ICF-4, Residential Care: Care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

DD1A Care Level: All developmentally disabled residents who require active treatment and whose health status is fragile, unstable or relatively unstable.

DD1B Care Level: All developmentally residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare.

DD2 Care Level: Moderately retarded adults requiring active treatment with an emphasis on skills training.

DD3 Care Level: Mildly retarded adults requiring active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

Traumatic Brain Injury (TBI): A resident between 15 and 64 years old who has incurred a recent closed or open head injury. The health care provider has obtained prior authorization from the Wisconsin Bureau of Health Care Financing for continued stay in the designated traumatic brain injury program.

Ventilator-Dependent: A resident who is dependent on a ventilator for six or more hours per day for his or her respiratory condition. The health care provider has obtained prior authorization from the Wisconsin Bureau of Health Care Financing for payment of the special rate for ventilator dependency.

Definitions of Services to Non-Residents (Table 8)

(Provided by staff in Wisconsin Bureau of Aging)

Home Health Care: Health care services to individuals in their own homes, on a physician's orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.

Supportive Home Care: Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.

Day Services: Services in day centers to persons with social, behavioral, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.

Respite Care: Services which facilitate or make possible the care of dependents, thereby relieving the usual care giver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular care giver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular care giver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular care givers.

Adult Day (Health) Care: Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Benefits include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.

Congregate Meals: Meals provided to persons in supportive service settings in order to promote socialization, as well as adequate nutrition. Nutrition education is an integral but subordinate part of this program.

Home-Delivered Meals: In-home meals provided to persons at risk for inadequate nutrition.

Referral Service: Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.

Transportation: Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially-equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.

